|  |  |   |                                       |                      |                                |                  |    |                   | Application or Docket Number                     |    |                     |                        |  |
|--|--|---|---------------------------------------|----------------------|--------------------------------|------------------|----|-------------------|--|----|---------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2001   |  |   |                                       |                      |                                |                  |    |                   |  |    |                     |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                                       |                      |                                |                  |    | SMALL I           |  | OR | OTHER<br>SMALL      | 1                      |  |
| TOTAL CLAIMS   |  |   | 138                                   |                      |                                |                  | -  | RATE              | FEE  |    | RATE                | FEE                    |  |
| FOR  |  |   | NUMBER FILED                          |                      | NUMBER EXTRA                   |                  |    | BASIC FE          | E 370.00   | OR | BASIC FEE           | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 13 / minus 20=                        |                      | . 118                          |                  |    | X\$ 9=            | 1067   | OR | X\$18=              |                        |  |
| INDEPENDENT CLAIMS   |  |   | ← minus 3 =                           |                      |                                |                  |    | X42=              | S  | OR | X84=                |                        |  |
| MU   | LTIPLE DEPEN   | DENT CLAIM PF                             | RESENT                                |                      |                                |                  |    | +140=             |  | OR | +280=               |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |                                       |                      |                                |                  |    | TOTAL             | <del>-                                    </del> | 3  | TOTAL               |                        |  |
| CLAIMS AS AMENDED - PART II  |  |   |                                       |                      |                                |                  | :  | · .               | -11  |    | OTHER               |                        |  |
|  | (Column 1) (Column 2) (Column 3)   |   |                                       |                      |                                |                  |    | SMAL              | LENTITY  | OR | SMALL               |                        |  |
| ENTA   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUM<br>PREVI         | BER<br>OUSLY<br>FOR            | PRESENT          |    | RATE              | ADDI-<br>TIONAL<br>FEE                           |    | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| MENDMENT   | Total  | -29                                       | Minus                                 | ** /                 | 38                             | 7                |    | X\$ 9=            |  | OR | -X\$18=             |                        |  |
| AME  | independent  | * /                                       | Minus .                               | ***                  | 4                              |                  |    | X42=              |  | OR | X84=                |                        |  |
|  | FIRST PRESE  | NTATION OF MU                             | JETIPLE DEP                           | ENDEN                | TCLAIM                         |                  |    | +140=             |  | OR | +280=               |                        |  |
|  |  |   |                                       |                      |                                |                  | 4  | TOTA<br>ADDIT. FE |  | OR | TOTAL<br>ADDIT. FEE |                        |  |
| (Column 1) (Column 2) (Column 3)   |  |   |                                       |                      |                                |                  |    | AUUII. PE         | E  |    | ADUIT FEET          |                        |  |
| ENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGI<br>NUM<br>PREVI | HEST<br>MBER<br>NOUSLY<br>DFOR | PRESENT<br>EXTRA |    | RATE              | ADDI-<br>TIONAL<br>FEE                           |    | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| MON  | Total  | *   | Minus                                 | **                   |                                | =                |    | X\$ 9=            |  | OR | X\$18=              | :                      |  |
| AMENDMENT  | Independent  | *   | Minus                                 | ***                  |                                | -                | 11 | X42=              |  | OR | X84=                |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                                       |                      |                                |                  | ]  | +140=             |  |    | +280=               |                        |  |
|  | ٠ .  |   |                                       |                      |                                |                  |    | +140≈<br>TOT/     |  | OR | TOTAL               |                        |  |
|  |  |   |                                       |                      |                                |                  |    | ADDIT. FE         |  | OR | ADDIT. FEE          |                        |  |
|  | State of the state | (Column 1)                                | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                      | ımn 2).<br>HEST                | (Column 3)       | ١. |                   | 1 4001   | 1  |                     | AOD                    |  |
| AMENDMENT C  |  | REMAINING<br>AFTER<br>AMENDMENT           |                                       | NUA<br>PREVI         | MBER<br>IOUSLY<br>D FOR        | PRESENT<br>EXTRA |    | RATE              | ADDI-<br>TIONAL<br>FEE                           |    | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus                                 | **                   |                                | =                |    | X\$ 9=            |  | OR | X\$18=              |                        |  |
|  | Independent  | *   | Minus                                 | ***                  |                                | =                | 11 | X42=              |  | OR | X84=                |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                                       |                      |                                |                  |    |                   |  | 1  | 200                 |                        |  |
|  | If the entry in rolu   | mn 1 is less than ti                      | ne entry in coli                      | ma 2. wri            | te "0" in co                   | lumn 3.          |    | +140=             |  | OR | +280=               | <u> </u>               |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                                       |                      |                                |                  |    |                   |  |    |                     |                        |  |

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